

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 7 and the release on page 8. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, section 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

OPM USE ONLY	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by USOPM)

A	Type of Investigation	B	Extra Coverage	C	Sensitivity/Risk Level	D	Compu/ADP	E	Nature of Action Code	F	Date of Action	Month	Day	Year
G	Geographic Location	H	Position Code	I	Position Title									
J	SON	K	Location of Official Personnel Folder	None Other Address		ZIP Code								
				NPRC										
				At SON										
L	SOI	M	Location of Security Folder	None Other Address		ZIP Code								
				At SOI										
				NPI										
N	OPAC-ALC Number	O	Accounting Data and/or Agency Case Number											
P	Requesting Official	Name and Title			Signature			Telephone Number			Date			

Persons completing this form should begin with the questions below.

1	FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2	DATE OF BIRTH				
	Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3	PLACE OF BIRTH • Use the two letter code for the State.	4	SOCIAL SECURITY NUMBER	
	City	County	State	Country (if not in the United States)

5	OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name , put "nee" in front of it.						
#1	Name	Month/Year	Month/Year		Name	Month/Year	Month/Year
		To	To			To	To
#2	Name	Month/Year	Month/Year		Name	Month/Year	Month/Year
		To	To			To	To

6	OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (mark one box)
						<input type="checkbox"/> Female <input type="checkbox"/> Male

7	TELEPHONE NUMBERS	Work (include Area Code and extension)	Home (include Area Code)
		() Day () Night	() Day () Night

8	CITIZENSHIP	b Your Mother's Maiden Name
a	Mark the box at the right that reflects your current citizenship status, and follow its instructions.	
	<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer Items b and d	
	<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. → d	
	<input type="checkbox"/> I am not a U.S. citizen. → Answer Items b and e	

c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
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Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
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WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knows You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code	
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number

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WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded		
Street Address and City (Country) of School				State	ZIP Code		
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded		

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations	5 - State Government (Non-Federal employment)	7 - Unemployment (Include name of person who can verify)
2 - National Guard/Reserve	6 - Self-employment (Include business and/or name of person who can verify)	8 - Federal Contractor (List Contractor, not Federal agency)
3 - U.S.P.H.S. Commissioned Corps		9 - Other
4 - Other Federal employment		
- Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1	Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#2	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#3	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year #4	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

Month/Year #5	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

Month/Year #6	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

12	YOUR EMPLOYMENT RECORD	Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>

13 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1 Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night		
Home or Work Address	City (Country)	State	ZIP Code	
#2 Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night		
Home or Work Address	City (Country)	State	ZIP Code	
#3 Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night		
Home or Work Address	City (Country)	State	ZIP Code	

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital

<input type="checkbox"/> 1 - Never married (<i>go to question 15</i>)	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally Separated	<input type="checkbox"/> 6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (<i>Include country if outside the U.S.</i>)	Social Security Number
Other Names Used (<i>Specify maiden name, names by other marriages, etc., and show dates used for each name</i>)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (<i>Include country if outside the U.S.</i>)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (<i>Street, city, and country if outside the U.S.</i>)			State ZIP Code

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- | | | | |
|---------------------|----------------|--------------------------|---------------|
| 1 - Mother (first) | 3 - Stepmother | 5 - Foster Parent | 7 - Stepchild |
| 2 - Father (second) | 4 - Stepfather | 6 - Child (adopted also) | |

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

• **Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

• **O/E.** Mark "O" block for Officer or "E" block for Enlisted.

• **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

• **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status				Country
				O	E	Active	Active Reserve	
To								
To								

17 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
b Have you registered with the Selective Service System? If "Yes", provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number	Legal Exemption Explanation

18 YOUR INVESTIGATIONS RECORD	Yes	No
a Has the United States Government ever investigated your background and/or granted you the security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

Codes for Investigating Agency	Codes for Security Clearance Received	
1 - Defense Department	0 - Not Required	6 - L
2 - State Department	3 - Top Secret	7 - Other
3 - Office of Personnel Management	4 - Sensitive Compartmented Information	
4 - FBI	5 - Q	
5 - Treasury Department		
6 - Other (Specify)		
2 - Secret		

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19 FOREIGN COUNTRIES YOU HAVE VISITED		
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)		
• Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other		

20 YOUR POLICE RECORD <i>(Do not include anything that happened before your 16th birthday.)</i>	Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)		
If you answered "Yes," explain your answer(s) in the space provided.		

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i>	State	ZIP Code

21 ILLEGAL DRUGS The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.	Yes	No
a In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?		
b In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?		
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.		

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		

22 YOUR FINANCIAL RECORD a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.	Yes	No
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Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.	Yes	No
If you answered "Yes," provide the information requested below:		

Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Oblige	State	ZIP Code

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extend and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is